

FILED JUN 13 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **14725**

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 573	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE Missouri b. COUNTY Buchanan			
b. CITY (If outside corporate limits, write RURAL and give town) St. Joseph		c. LENGTH OF STAY (in this place) Life		c. CITY OR TOWN St Joseph		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If deceased in hospital or institution) 3225 South Fifth St. Parkway at Sunnyslope				f. STREET ADDRESS (If rural, give location) 808 1/2 North 10th St.,			
3. NAME OF DECEASED (Type or Print) a. (First) Mary		b. (Middle) _____		c. (Last) O'Donoghue		4. DATE OF DEATH (Month) (Day) (Year) June 4, 1955	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, Never Married		8. DATE OF BIRTH Not Known Abt. 84	
9. AGE (in years last birthday) Abt. 84		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 YEAR Hours _____ Min. _____		12. CITIZEN OF WHAT COUNTRY U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. (15) School Teacher Teaching				11. BIRTHPLACE (City and State or Foreign Country) St. Joseph, Mo.			
13a. FATHER'S NAME Wm O'Donoghue		13b. MOTHER'S MAIDEN NAME Fannie Winkles		14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs Nell O'Donoghue ADDRESS 801 N 10th City			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular accident				INTERVAL BETWEEN ONSET AND DEATH 4-5 Hours			
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral arteriosclerosis				Several years			
DUE TO (c) _____							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None							
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 331 X			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from about 5 weeks before death , 19____, to 7 , 19____, that I last saw the deceased alive on 11:50a , 19____, and that death occurred at 11:50a m., from the causes and on the date stated above.							
23a. SIGNATURE Lucien W. He (Degree or title) _____				23b. ADDRESS 702 Edward St. Joseph, Mo		23c. DATE SIGNED 6-7-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 7, 55		24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.	
DATE REC'D BY LOCAL REG. June 8, 1955		REGISTRAR'S SIGNATURE Esther M. Allison 485		25. FUNERAL DIRECTOR'S SIGNATURE Herman W. Eidenfader ADDRESS St Joseph Mo			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

John *St*

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Robert H. Gapple
Licensed Embalmer No.....3308

P. O. Address.....St. Joseph

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.